

**INTERSERVICE TRAINING REVIEW ORGANIZATION
PROCEDURES MANUAL**

Chapter 10

ITRO HEALTH CARE PROCESSES

1. **Purpose.** The purpose of this chapter is to provide guidance on the unique aspects of conducting Health Care studies within the Interservice Training Review Organization (ITRO) process. It is intended for use with the other portions of the ITRO Procedures Manual.
2. **Background.**
 - a. Experience in conducting ITRO Health Care studies has shown that the basic information, Rules of Engagement, and forms contained in the other sections ITRO Procedures Manual are directly applicable to the conduct of Health Care studies. However, there are several additional and unique areas for Health Care, which require specific guidance.
 - b. The main areas of difference with health care are:
 - (1) The health care chain of command within the Assistant Secretary of Defense for Health Affairs (ASD (HA))
 - (2) The decision process
 - (3) A permanent health care office (secretariat)
 - (4) Accreditation
 - c. These differences primarily result from the funding of military health care by the Defense Health Program (DHP), which is directed by ASD (HA).
3. **Line and Health Care Organizational Relationships**
 - a. The Army and the Navy Surgeons General directly control their training commands and funding, which do not come under the control of TRADOC or CNET. The Air Force, however, manages Health Care training through the Air Education and Training Command (AETC). MCCDC does not usually become involved with Health Care training, since the Navy provides their medical and dental support. The Coast Guard conducts some Health Care training, but participates in many of the military medical department courses and programs.
 - b. In 1994 a separate health care procedures manual was published to fill this deficit. However, that manual duplicated much of what was in the ITRO procedures manual. This version of the health care guidance is intended to eliminate that redundancy and to more clearly show that health care is an integral part of the fundamental ITRO process.

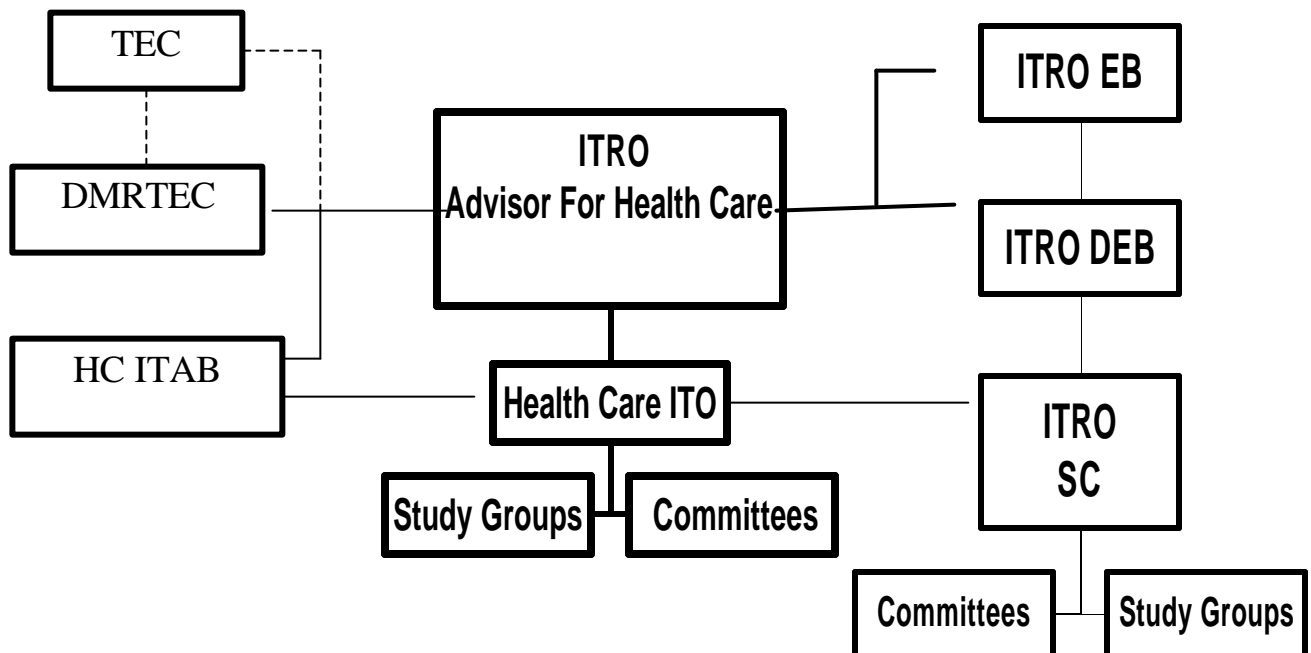


Figure 10-1, Health Care Organizational Relationships within ITRO